

MONTANA

I. Reimbursement for Optometric Services shall be:

A. The lower of:

1. The provider's usual and customary charge for the service; or
2. Reimbursement provided in accordance with the methodology described in Number II.

II. The Department's fee schedule for Optometric Services is determined in the following hierarchical order: RBRVS; Medicare rate; Medicaid fee; or by report.

A. Resource Based Relative Value Scale (RBRVS) Methodology:

1. In accordance with the Resource Base Relative Value Scale (RBRVS) methodology, by multiplying Medicare's Relative Value Units (RVU), which is numeric, by the Montana Medicaid specific conversion factor, which is a dollar amount, to equal a fee. Specific to Montana Medicaid, there is an ability to multiply the fee times a policy adjustor (either plus or minus) to affect the fee.
2. "Resource based relative value scale (RBRVS)" means the version of the Medicare resource based relative value scale contained in the physicians' Medicare Physician Fee Schedule adopted by the Centers for Medicare and Medicaid Services (CMS).
3. "Relative value unit (RVU)" means a numerical value assigned in the resource based relative value scale to each procedure code used to bill for services provided by a health care provider. The relative value unit assigned to a particular code expresses the relative effort and expense expended by a provider in providing one service as compared with another service.
4. The RVU's are adopted from the RBRVS. For the services for which the RBRVS does not specify RVU's, the department sets those RVU's as follows:

The RVUs for a Medicaid covered service are calculated as follows:

- i. If Medicare sets RVU's, the Medicare RVU's are applicable;
- ii. If Medicare does not set RVU's but Medicaid sets RVUs, the Medicaid RVUs are set in the following manner:

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- (A) convert the existing dollar value of a fee to an RVU value;
 - (B) evaluate the RVU of similar services and adding an RVU value; or
 - (C) convert the average by report dollar value of a fee to an RVU value.

 - B. Medicare Rates: Optometrists will be paid by the applicable Medicare rate for supplies and goods where the RBRVS methodology is not applicable. Medicare rates are updated effective the 1st day of the quarter based on the Medicare quarterly adjustment.

 - C. Medicaid Fee: Payment is made using the applicable State developed Medicaid fee based on claims history data for medications, supplies or goods where the RBRVS or Medicare fee schedule is not applicable.

 - D. For those rare instances when the RBRVS, Medicare rate or Medicaid fee methodology does not apply, reimbursement will be 'by report'. 'By report' means paying a percentage of billed charges. The percentage is derived by dividing the previous state fiscal year's total Medicaid reimbursement for services included in the RBRVS by the previous state fiscal year's total Medicaid billings. The 'by report' methodology will end by 6/30/14.
- III. The agency's rates were set as of the date on the Attachment 4.19B Introduction Page. Reimbursement is set at the current Medicare rates in effect as of the date of service. All rates are published on the agency's website www.mtmedicaid.org. Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private providers.